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After questioning a sample of medical students and staff at the Temple University School of Medicine who were not on drugs and supposed to be healthy, he found that quite a few had symptoms. Thus, 7.5% had a skin rash, 5% urticaria, 8% bad dreams, 23% sleepiness, 41% fatigue, 25% inability to concentrate, 5% dry mouth, 9% pain in muscles and 9% pain in joints, 31% nasal stuffiness, 4.6% diarrhea and so on. All these are listed at some time or another as side effects of drugs. Says Riedenberg, "It is customary for this sort of information to be totally ignored in many epidemiological studies of adverse drug reactions." Yet it is as important to subtract these percentages from side effects as it is to report all of the latter, if the truth is to be arrived at.

INFANT DEATH AND TIGHT BINDERS

Canadian pediatricians may marvel at the fact that some persons in Britain still swathe newborn infants in umbilical binders, under some curious impression that if they do not the contents of the abdomen will prolapse. They will marvel ever more at the fact that apparently some poor infants are so tightly bound up that they die because their diaphragm cannot descend on respiration. Nevertheless Emery in a report to the Royal Society of Medicine (*Proc. Roy. Soc. Med.*, October 1967, p. 1003) suggests that this is so. He has recently seen two infants in which an overtight elastic crepe binder seemed to be the cause of death within a couple of days of birth. In each case the mother was inexperienced and failed to heed the warning signs of whimpering and cyanosis; in one case, the binder had been applied in hospital. The children were born at term, and the only autopsy finding was of congestion of the mucosa of the respiratory tract, with relative airlessness of the lungs.

The author points out that the old-fashioned flannel or linen binder probably did little harm, but the elastic crepe bandage is a highly efficient splinting device, "excellent for sprains and bruises, but perhaps lethal for some newborns".

UNWANTED DRUGS

Readers whose memories go back to World War II may recall how in the Armed Forces we were being constantly made to economize by writing on smaller pieces of paper and using envelopes over and over again at a time when our brothers in the combatant arms were cheerfully throwing millions of dollars worth of bombs upon the enemy in an exercise which the experts now say was fairly futile anyway. Similarly, while government committees make an entirely laudable effort to save the taxpayer money on drugs, patients are apparently wasting substantial sums on the same commodity. A good example of this is recorded by Nicholson in the *British Medical Journal* for September 16 (p. 730). Last March he arranged for a week's collection of unwanted drugs from private homes in the city of Hartlepool after a poster appeal in health departments, pharmacies, doctors' waiting rooms and hospitals. Only about 500 out of the possible 30,000 households involved responded, but the result was staggering, for over 43,000 tablets and capsules were collected together with nearly 200 ampoules, 83 bottles of medicine, 178 pessaries and suppositories and so on. Identification procedures showed that the largest group of drugs were sedatives and tranquillizers, closely followed by analgesics, antianemic drugs, gastric sedatives, hypnotics and cough suppressants. Even vitamin and mineral supplement tablets ran to 1500, as did antibiotics. It is probable that a total clearout for the area would have yielded about 2,500,000 tablets and capsules to the value of forty thousand dollars. "On a U.K. basis the numbers and cost would be staggering." But not only is this a waste: a hoard containing 576 chlorpromazine tablets and another with 300 chloramphenicol capsules cannot be viewed with equanimity, especially when well-meaning family members hand them out to relatives.

MENTAL ILLNESS IN DOCTORS

The medical profession ought to serve as an admirable model for studies of the effects of occupation on disease, but there are actually few large-scale studies of the illnesses of doctors, and fewer still of their mental health. In the *British Journal of Psychiatry* (113: 1013, 1967) a'Brook and his colleagues have compared the distribution of mental disorders in a group of doctors treated at one of two psychiatric centres during a recent decade with that in controls from other professions. Among the group of 192 doctors studied, there was a significant increase in illness due to drug addiction (amphetamines, barbiturates and opiates) as against the controls, 17% and 2.6% respectively. However, the medical group contained fewer persons suffering from neuroses. About 28% of both groups suffered from affective disorders and 12% from alcoholism. There are of course some possible traps in drawing conclusions about the group, such as the finding that psychiatrists were more prone to figure as outpatients in this group than their numbers might warrant. They might simply be more aware of their condition and seek treatment earlier. Doctors as a whole might also find their way to treatment centres more easily than other citizens.

Further enquiry showed that most of these doctors remained on the Medical Register, even if they had a history of drug addiction or alcoholism. Many who had been in treatment were back in practice later, though the fall-out rate was faster than with a control series of doctors. The authors raise the question whether these persons might be detected before acceptance as medical students, particularly since much of the psychiatric illness occurs in relatively newly qualified doctors, but one doubts whether much can be done in this direction.

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